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## BIB DATA SHEET

CONFIRMATION NO. 3821

|  |   |                               |   |                                      |                                |
|--|---|-------------------------------|---|--------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/757,122   | <b>FILING or 371(c) DATE</b><br>01/13/2004<br><b>RULE</b>   | <b>CLASS</b><br>514           | <b>GROUP ART UNIT</b><br>1617   | <b>ATTORNEY DOCKET NO.</b><br>269.PC |                                |
| <b>APPLICANTS</b><br>Terrance C. Dahl, Sunnyvale, CA;<br>Mark M. Menning, San Francisco, CA;<br>Reza Oliyai, San Carlos, CA;<br><b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/440,308 01/14/2003<br>and claims benefit of 60/440,246 01/14/2003<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>04/19/2004 |   |                               |   |                                      |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature   | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWINGS</b><br>0   | <b>TOTAL CLAIMS</b><br>57            | <b>INDEPENDENT CLAIMS</b><br>9 |
| <b>ADDRESS</b><br>Mark Bosse<br>Gilead Sciences, Inc.<br>333 Lakeside Drive<br>Foster City, CA 94404<br>UNITED STATES  |   |                               |   |                                      |                                |
| <b>TITLE</b><br>Compositions and methods for combination antiviral therapy   |   |                               |   |                                      |                                |
| <b>FILING FEE RECEIVED</b><br>2082   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |                                |